

18  
**ATENT APPLICATION FEE DETERMINATION RECORD**  
 Effective December 29, 1999

Application or Docket Number

09/49D680

**CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

|                    | NUMBER FILED  | NUMBER EXTRA |
|--------------------|---------------|--------------|
| 1 FEE              |               |              |
| 2 CLAIMS           | 20 minus 20 = |              |
| 3 DEPENDENT CLAIMS | 3 minus 3 =   |              |

IPLE DEPENDENT CLAIM PRESENT

If the difference in column 1 is less than zero, enter "0" in column 2

1-15-02  
**CLAIMS AS AMENDED - PART II**

(Column 1)

(Column 2)

(Column 3)

|             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|-------------|---|-------|---|------------------|
| Total       | 20  | Minus | 20  | /                |
| Independent | 3   | Minus | 3   | /                |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

6-29-02

SMALL ENTITY  
TYPE

OR OTHER THAN  
SMALL ENTITY

| RATE   | FEES   | RATE | FEES      |
|--------|--------|------|-----------|
|        | 345.00 | OR   | 690.00    |
| X\$ 9= |        | OR   | X\$18=    |
| X39=   |        | OR   | X78=      |
| +130=  |        | OR   | +260=     |
| TOTAL  |        | OR   | TOTAL 690 |

OTHER THAN  
SMALL ENTITY

SMALL ENTITY OR

| RATE                | ADDI-<br>TIONAL<br>FEE | RATE | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|------|------------------------|
| X\$ 9=              | /                      | OR   | X\$18=                 |
| X39=                | /                      | OR   | X78=                   |
| +130=               | /                      | OR   | +260=                  |
| TOTAL<br>ADDIT. FEE |                        | OR   | TOTAL<br>ADDIT. FEE    |

(Column 1)

(Column 2)

(Column 3)

|             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|-------------|---|-------|---|------------------|
| Total       | 20  | Minus | 20  | /                |
| Independent | 3   | Minus | 3   | /                |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

9-22-05

SMALL ENTITY  
TYPE

OR OTHER THAN  
SMALL ENTITY

| RATE                | ADDI-<br>TIONAL<br>FEE | RATE | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|------|------------------------|
| X\$ 9=              | /                      | OR   | X\$18=                 |
| X39=                | /                      | OR   | X78=                   |
| +130=               | /                      | OR   | +260=                  |
| TOTAL<br>ADDIT. FEE |                        | OR   | TOTAL<br>ADDIT. FEE    |

(Column 1)

(Column 2)

(Column 3)

|             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|-------------|---|-------|---|------------------|
| Total       | 20  | Minus | 20  | /                |
| Independent | 3   | Minus | 3   | /                |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

SMALL ENTITY  
TYPE

OR OTHER THAN  
SMALL ENTITY

| RATE                | ADDI-<br>TIONAL<br>FEE | RATE | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|------|------------------------|
| X\$ 9=              | /                      | OR   | X\$18=                 |
| X39=                | /                      | OR   | X78=                   |
| +130=               | /                      | OR   | +260=                  |
| TOTAL<br>ADDIT. FEE |                        | OR   | TOTAL<br>ADDIT. FEE    |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.